



IFU
\$

Docket No.: A8319.0027/P027
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Yuuichirou Ueno et al.

Application No.: 10/688,977

Confirmation No.: 4184

Filed: October 21, 2003

Art Unit: 2882

For: RADIOLOGICAL IMAGING APPARATUS

Examiner: J. Yun

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated February 9, 2005, please amend the above-identified U.S. patent application as follows:

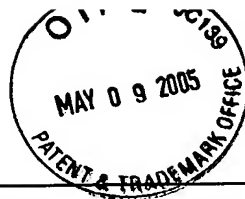
Amendments to the Claims are shown in the listing, which begins on page 2 of this paper.

Remarks begin on page 14 of this paper.

05/10/2005 SZEWDIE1 00000102 10668977

01 FC:1201
02 FC:1202

600.00 OP
200.00 OP



AMENDMENT TRANSMITTAL LETTER				Docket No. A8319.0027/P027	
Application No. 10/688,977	Filing Date October 21, 2003	Examiner J. Yun	Art Unit 2882		
Applicant(s): Yuuichirou Ueno					
Invention: RADIOLOGICAL IMAGING APPARATUS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 25 =	4	x 50.00	200.00
Independent Claims	7	- 4 =	3	x 200.00	600.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					800.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Mark J. Thronson Attorney Reg. No.: 33,082 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742				Dated: <u>May 9, 2005</u>	